

## APPLICATION FOR ENROLMENT

### STUDENT DETAILS

<b>Student's Surname:</b> <i>eg Wilson</i>		<b>Other Surname or previous family name:</b>	
<b>Student's First Name(s):</b> <i>eg Daniel John</i>			
<b>Student's Preferred Name:</b> <i>eg Dan</i>			
<b>Date of Birth:</b>	____ / ____ / ____ <i>Day Month Year</i>	<b>Gender:</b>	
<b>Student will be starting at Nayland College in Year Level: (PLEASE CIRCLE ONE)</b>		<b>10</b>	<b>11</b>
		<b>12</b>	<b>13</b>
<b>Date student is expected to start at Nayland College:</b> <input type="checkbox"/> Start of 2020		<input type="checkbox"/> _____ <i>state date here</i>	
<b>Country of birth:</b>	<b>Student's cell phone:</b>		
<b>Preferred email for all correspondence:</b>			
<b>Students Email:</b>			
<b>An Ethnic Group is required by the Ministry of Education for statistical purposes. Please tick one or more.</b>			
<input type="checkbox"/> NZ European / Pakeha		<input type="checkbox"/> Pacific Island (please specify): _____	
<input type="checkbox"/> Maori: Iwi		1. _____ 2. _____ 3. _____	
<input type="checkbox"/> Do not know (If you do not know the name of your Iwi, please tick or refer to the 'Iwi Affiliation Reference Sheet' at the College Office)			
<input type="checkbox"/> Other: (please specify): _____			
<b>1<sup>st</sup> language spoken:</b>		<b>2<sup>nd</sup> language spoken:</b>	
<b>NSN Number (if known):</b>			

### CONFIRMATION OF RESIDENCY

<b>Have you previously attended a New Zealand school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Previous school before coming to Nayland College:</b>
<input type="checkbox"/> Copy of Birth Certificate/Passport attached (enrolment cannot be completed until this is received)	<b>Country of Birth:</b>
<b>If your child was not born in New Zealand the Ministry of Education requires you to supply the college with evidence of their citizenship and eligibility to enrol in a New Zealand school (where applicable).</b>	
<b>Are you a New Zealand Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Country of Citizenship:</b>

## PRIMARY CAREGIVERS (MAIN RESIDENCE)

*A child's primary caregiver is the adult/s who assume the most responsibility in caring for the health & well-being of the child.*

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone Home: \_\_\_\_\_  
 Phone Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone Home: \_\_\_\_\_  
 Phone Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Residential Address

Num / Street \_\_\_\_\_  
 Rural Delivery: \_\_\_\_\_  
 Suburb \_\_\_\_\_  
 Town: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Workplace: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

Contact in an emergency:  Yes  No

Contact via text if absent:  Yes  No

### Residential Address

Num / Street \_\_\_\_\_  
 Rural Delivery: \_\_\_\_\_  
 Suburb \_\_\_\_\_  
 Town: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Workplace: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

Contact in an emergency:  Yes  No

Contact via text if absent:  Yes  No

## SECONDARY CAREGIVERS (SECONDARY RESIDENCE)

*Some children have a relative, legal guardian or person who has some responsibilities for caring for their health and wellbeing.*

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone Home: \_\_\_\_\_  
 Phone Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone Home: \_\_\_\_\_  
 Phone Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Residential Address

Num / Street \_\_\_\_\_  
 Rural Delivery: \_\_\_\_\_  
 Suburb \_\_\_\_\_  
 Town: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Workplace: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

Contact in an emergency:  Yes  No

Contact via text if absent:  Yes  No

Is a copy of this student's account information to be sent to this caregiver?  Yes  No

Is a copy of school information e.g. reports, newsletters etc to be sent to this caregiver?  Yes  No

### Residential Address

Num / Street \_\_\_\_\_  
 Rural Delivery: \_\_\_\_\_  
 Suburb \_\_\_\_\_  
 Town: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Workplace: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

Contact in an emergency:  Yes  No

Contact via text if absent:  Yes  No

## ALTERNATIVE EMERGENCY CONTACT

Name		Relationship	
Phone Home		Mobile	

## SIBLINGS AT NAYLAND COLLEGE

If the student being enrolled will have siblings at Nayland College in the year that he or she attends, please list their names below. Siblings include brothers, sisters, stepbrothers, stepsisters and any children of 'blended' families.

1.	2.	3.
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If there are older siblings at College (living at the same address) we will assume that the details on this form are correct for all siblings. If this is NOT the case, please contact the College office with the correct details.

### MEDICAL DETAILS

Name of Doctor/Medical Centre	
<b>Medical Treatment</b>	
Parents/Caregivers enrolling a student at Nayland College give permission for the administration of first aid by staff with first aid training. A register is kept of the medication and treatment given. Students who require non-prescription medication on a semi-regular basis are encouraged to provide their own supply which will be held in the Student Centre for their use only.	
<b>Medication</b>	
Do you require the College to hold and/or administer medication for your child? <i>If 'Yes' the College will make contact to confirm details and complete the necessary consent form/s</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give permission for the College to issue Paracetamol to your child without contacting you first?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical Conditions</b>	
Please list any medical issues of which the school should be aware:	
Condition, e.g. <i>Asthma</i>	Treatment, e.g. <i>carries own inhaler (self-controlling)</i>
<b>Special Circumstances / Information</b>	
Please tick if any of the following circumstances apply to your child (we will contact you for further information):	
<input type="checkbox"/> Diagnosed conditions <input type="checkbox"/> Learning support requirements <input type="checkbox"/> Mental health concerns <input type="checkbox"/> Family circumstances	
<input type="checkbox"/> Other (please detail):	

### SELECTIONS

Year 10 Choose 2 extensions and 2 back-up extensions. List in priority order.	Year 11 Choose 3 subjects in addition to English, Math & Science and 2 back-up subjects	Year 12 Choose 6 subjects and 2 back-up subjects. List in priority order.	Year 13 Choose 5 subjects plus 2 back-up subjects List in priority order Only fill in Box 6 if you want to take six subjects
<b>YEAR 10</b>	<b>YEAR 11</b>	<b>YEAR 12</b>	<b>YEAR 13</b>
<b>Subject</b>	<b>Subject</b>	<b>Subject</b>	<b>Subject</b>
<b>Subject Level</b>	<b>Subject Level</b>	<b>Subject Level</b>	<b>Subject Level</b>
1.	English		
2.	Mathematics		
3.	Science		
4.			
5.			
6.			
7.			
8.			

I wish to be considered for the **Whanau Class**

**Nayland College requires the parent/legal guardian and the enrolling student to agree to the following undertakings:**

- I/we confirm that the information provided on this form is correct and complete.
- I/we will advise the College of any subsequent change to this information.
- I/we confirm that the residency information recorded on the previous page is true and correct (*Documents are attached if applicable*).
- I/we am aware that there are costs associated with a number of College activities. I undertake to pay these costs before the activity takes place, unless I have made other arrangements with the College.
- I/we am aware that payments made or credits applied to the student accounts will be allocated to any outstanding fees and charges on the account (as specified by the payer, or otherwise allocated by the school).
- I/we have read the Blanket Consent for EOTC information sheet and agree to the participation of our child in lower risk category A and B and C EOTC events.
- I/we have provided the school with up to date medical, supervision and learning information through the enrolment form and will make every endeavour to keep this information up to date.
- I/we consent to the student named on this form having their photo taken and placed on the school management system.
- I/we consent to the student's work and/or photograph/video images appearing in school publications/website and advertising material.
- I/we have disclosed all information that is relevant to the enrolment of the student named on this form.
- I/we hereby undertake with the College Board of Trustees to observe the conditions and expectations of Nayland College.

Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**Privacy Statement**

The school collects the information on this form to:

1. enrol your child at school
2. assess the educational needs of your child
3. ensure the school gets the correct resources from the Ministry of Education for your child

The school collects and uses your child's information in accordance with the Privacy Act. The school sends some of your child's information to the Ministry of Education and other education and health agencies. The school will not provide your child's information to any other people or organisations without your authorisation, unless needed by law.

**Youth Service**

The Ministry of Education shares your address and phone number information with the Ministry of Social Development (MSD) as part of the Youth Service initiative. Youth Service identifies young people who may have difficulty finding future employment, training or further education. Youth Service uses the contact information to find these young people and support them into education or training when they leave school.

**Accessing or changing your information**

Contact the school if you wish to view or change your child's information.

**For completion by designated Nayland College staff member**

I have held an interview with this student on \_\_\_ / \_\_\_ / \_\_\_ and copies of supporting documentation are attached to this form.

Student enrolled as (tick one):

- Regular Student     Fee Paying Student     Exchange Student Scheme \_\_\_\_\_    Staff code: \_\_\_\_\_